U.S. DEPARTMENT OF THE INTERIOR APPLICANT BACKGROUND SURVEY

PRIVACY ACT INFORMATION

GENERAL

GENERAL INSTRUCTIONS

The information from this survey is used to help ensure that agency personnel practices meet the requirements of Federal law. Your responses are voluntary. Please answer each of the questions to the best of your ability. Please print entries in pencil or pen. Use only capital letters. Read each Vacancy Announcement No: Date (Month, Day, Year): Position:			This information is provided pursuant to Public Law 935-579 (Privacy Act of 1974) December 31,1974, for individuals completing Federal records and forms that solicit personal information. AUTHORITY Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code. PURPOSE AND ROUTINE USES The information from this survey is used for research and for a Federal equal opportunity recruitment program to help ensure that agency personnel practices meet the requirements of Federal law. EFFECTS OF NONDISCLOSURE Providing this information is voluntary. No individual personnel selections are made based on this information. INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7(b) Solicitation of the Social Security Number (SSN) by the Office of Personnel Management is authorized under provisions of Executive Order 939 dated November 22, 1943. It is used to relate this form with other records that you file with Federal agencies.			
1. Name (Last, First, MI):		2. Year	ear of Birth: 3. Social Security Number:			
4. How did you learn about the particular	position or exam for w	hich you are ap	plying? (You ma	ay circle up to three choices).		
01 Private Information Service 02 Magazine 03 Newspaper 04 Radio 05 TV 06 Poster 07 Private Employment Office 08 State Employment Office (Unemployment Office) 09 Agency Personnel Department (Bulletin Board or Other Announcement)			10 Agency or Other Federal Government Recruitment at School or College 11 Federal, State, or Local Job Information Center 12 Religious Organization 13 School or College Counselor or Other Official 14 Friend or Relative Working for Agency 15 Friend or Relative Not Working for Agency 16 Other (Specify)			
5. Please categorize yourself in terms of a indicates the group with which you identify				Block 7 place the RACE/ETHNIC Code which how your sex.		
DEFINITIONS				6. Do you have any [] Yes physical disabilities? [] No		
A American Indian or Alaskan Native	D Hispanic			7. RACE/ETHNIC CODE: []		
S Asian or Pacific Islander E White, Not of His C Black, Not of Hispanic Origin		spanic Origin	8. SEX: 1. Male [] 2. Female []			
FOR BUREAU USE ONLY						

Date Received (Mo., Day, Yr.)	PATCOB	Bureau Code
·	Code	
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